

Matthew Duncan, MD, Nomination 1

Assistant Professor
Department of Psychiatry

I am writing to nominate Matthew S. Duncan, M.D., Assistant Professor of Psychiatry, to be considered for this year's Tow Humanism Award.

Within our department, Dr. Duncan stands out as a leader in education, highly skilled clinician and sought after expert. Among his medical student teaching duties, Dr. Duncan leads a top rated clerkship at Geisel. His performance is aptly summed by one medical student who said: "Dr. Duncan is the best clerkship director I've met to date. He is the most involved, helpful, and encouraging person and honestly deserves to be formally recognized for it (an award, something, anything!)." Two students who chose to pursue psychiatry have offered perhaps the highest praise in writing about Dr. Duncan "I think we see a little bit of ourselves in you, at least we see who we'd like to become someday."

Always willing to lend a hand, whether it is for clinical coverage, seeing an urgent patient or taking on leadership of administrative projects, Dr. Duncan is someone you want on your team. He is patient, approachable and insightful. His involvement in all aspects of the academic life of the department sets the standard for other faculty. His genuine interest in helping those around him and his love of medicine is inspiring to all. I can think of no other department member better deserving of this honor than Dr. Duncan and send my highest recommendations for his being honored with the Tow Humanism Award this year.

Matthew Duncan, Nomination 2

Assistant Professor
Department of Psychiatry

Mathew Duncan MD, Assistant Professor of Psychiatry, demonstrates the qualities sought for the Tow Humanism in Medicine Award each day. Dr. Duncan graduated from Dartmouth Medical School in 2001, trained at Harvard, worked in the Indian Health Service and in his home town in Idaho before coming back to join our faculty in 2009.

Dr. Duncan is a kind, skillful physician, who uses his whole self in his clinical care, administrative work, and teaching. He has deep knowledge of the science in our field and connects and applies it with each patient, tailoring his patient communication to each individual's intellectual capacity, psychology, and emotional state. Dr. Duncan exudes competence and caring and his patients respond. He is then able to describe and demonstrate this capacity for his many students. He leads Psychiatry's medical student clerkship, which is rated highly annually. In addition, he has been the architect of a recent initiative to offer Geisel students clear easy access to resiliency-supporting psychotherapy. He is now extending his student mental health focus further to help address mental health, resilience, and suicide prevention across the Dartmouth College campus community.

Students value Dr. Duncan's compassionate approach to patient care as well as his explicit acknowledgement of the humanity of health care providers and the importance of caring for ourselves in order to be able to provide the highest quality care to our patients.

Harman S. Gill, MD, Nomination 1

Assistant Professor

Department of Emergency Medicine

In my nearly 7 years of working in the Medical ICU as a nurse, I have had the privilege of working with and learning from many physicians and leaders, and Dr. Gill is amongst some of the best. I feel confident in his ability to handle my patients and their families with the upmost compassion, competence and skill, and have been privy to this care and outstanding effort on many occasions.

He is often seen sitting with patients and offering a hand during a difficult conversation or frightening procedure, making an effort for them to feel seen, heard, validated and when needed a welcome distraction. Dr. Gill regularly asks to debrief after difficult and sometimes emotional events, giving each individual involved an opportunity to share their thoughts and supporting those that need it in those moments.

When he is on service, rounds resemble an educational and informative podcast- it's clear that Dr. Gill takes pride and is very enthusiastic in the care he provides and the education he passes on to his peers. Furthermore, as a nurse, I feel supported and respected when advocating for patients and families and while participating in rounds.

I think often times people think of a great physician as someone who is well educated and skilled, and while that's true, it is all these other qualities I've mentioned here that make a truly exceptional one.

Harman Gill, MD, Nomination 2

Assistant Professor

Department of Emergency Medicine

I would like to nominate Harman Gill for the Leonard Tow Humanism in Medicine Award. I believe that Harman is very deserving of this award. It has been my pleasure to work with Harman for the last couple of years in the Medical Intensive Care Unit. I have witnessed his grace and compassion towards patients and families who are both medically and ethically complex.

During the COVID-19 pandemic Harman was at the frontlines providing cutting edge care to patients who had an unknown prognosis. One of the things that truly makes him exceptional is his willingness and motivation to provide care that is targeted to align with patient and family goals. We were fortunate enough to have a patient return recently who survived despite all odds being against them. In a communication with unit leadership, he glowed about how great the patient looked and how they defied all odds. He was the only person that the patient and family remembered from their prolonged stay here in the hospital. This is why Harman is deserving, he clearly makes an impression of those he cares for but equally acknowledges the impression that each patient leaves on him.

Harman Gill, MD, Nomination 3

Assistant Professor

Department of Emergency Medicine

I am writing to nominate Dr. Harman Gill for the Leonard Tow Humanism in Medicine Award. I have known Dr. Gill for more than six years in my capacity as Director of Regional Risk Management at

Dartmouth-Hitchcock Medical Center (DHMC). More recently, I met him under slightly different circumstances when he took care of my husband during a late-night Emergency Department (ED) visit. I'd like to begin with that visit.

Being a patient often means being vulnerable. I remember looking at my husband that night and thinking how small he looked- his six-foot- three frame somehow diminished as he lay in undignified pain on a gurney in a crowded ED. I was afraid -- even though I had worked for five years as a surgical Physician's Assistant in a busy inner-city ED, and had spent the past 34 years working in Risk Management at DHMC. We saw a number of providers that night, but Dr. Harman Gill was in a league of his own. He may have been surprised to see me on the "patient" side of things, but his face showed only kindness, empathy and compassion. He never treated my husband as a "case." Instead, he tried to get to know him and understand his feelings, his fears and his expectations. He listened to every word we said, undistracted. He reviewed lab work and clinical presentation, and was thorough, precise and reflective as he presented his thoughts and conclusions to us. During this discussion he was forthright in addressing his uncertainty and demonstrated a humility not always shared by members of his profession. In short, he humanized the experience for us, and we trusted him. This was patient-centered medicine at its best. During our brief sojourn in the ED we also had the opportunity to observe Dr. Gill interact with several nurses, a member of the transport team and a resident. He seemed to have a calming effect on everyone and was gracious and respectful in all of his interactions. Clearly this was his "home" and he was comfortable in his role as mentor.

The ED has become a *de facto* primary care center, often overwhelmed by patients with mental health issues and substance use disorders as well as the usual trauma, disaster response and other life-saving care. In most ED's across the country, including ours, hospitals have been forced to hire professional law enforcement to manage disruptive patients and visitors. Reports of provider burn-out have been front-page news for years. It is in this context that Dr. Gill's humanizing qualities stand out. Medicine obviously is a calling for him despite the challenges that he may not have anticipated when he attended medical school. I am reminded of one of the many quotes from Hippocrates, "Wherever the art of medicine is loved, there is also a love of humanity." What more can I say?

I also have known Dr. Gill as part of the wider hospital community in my Risk Management role. By definition, I deal with a small subset of our patients: those who are disruptive, angry or dissatisfied with our care. My Risk colleagues and I not infrequently turn to Dr. Gill to help evaluate ED and Critical Care cases. One of the reasons I wanted to write this letter is because Dr. Gill stands out as someone who is not quick to judge. He does not lose sight of the fact that people are not at their best when they are sick. He is in a word: compassionate. And despite the rigors of working in multiple acute care settings in the COVID-19 and post-COVID era, he has held onto his vow to treat everyone like family. If you look up the word "hero" there are many definitions including "a person admired for achievements and noble qualities" and "one who shows great courage." Dr. Harman Gill is a hero on both counts.

In preparing this nomination, and in an effort to provide you with a 360-degree view, I spoke with two providers who work with Dr. Gill in the ED and Medical Intensive Care Unit (MICU). Both Dr. Scott Rodi and Dr. David Feller-Kopman volunteered wholeheartedly to be signatories on this letter. They agreed that Dr. Gill is widely admired for his work in the ED and the MICU. In addition to having a superb fund of knowledge, they emphasized he is passionate about the care he provides for his patients and his communication with family members. As Dr. Feller-Kopman observed, "He provides an outstanding example to the rest of his team regarding the importance of being at the bedside, and ensuring that families have a thorough understanding of how a particular critical illness is affecting their loved-ones.

The time patients and families spend in the ED and the MICU is completely overwhelming, and Dr. Gill consistently lends a compassionate ear and helps patients and family members through some of the most difficult times in their lives.”

Finally, and in conclusion, in reviewing the list of past recipients of this award, I have worked with all but two of them. I currently am on the Clinical Bioethics Committee with Drs. Paul Manganiello and Evie Marcolini. My husband worked for years with Bill Boyle and Worth Parker in their endeavor to find a cure for Cystic Fibrosis. All of the signatories on this letter believe Harman Gill would be a worthy addition to this list of prestigious and deserving recipients. We are quite certain he would treasure the acknowledgement. Thank you for your consideration.

Harman Gill, MD, Nomination 4

Assistant Professor

Department of Emergency Medicine

It is with great pleasure that I write this letter of support for Dr. Harman Gill for the annual ***Leonard Tow Humanism in Medicine Award***. I am a Nurse Practitioner on the Palliative Medicine Team and have worked at DHMC for the last 20 years in this role. Over the years, we have developed a close collaborative relationship with the Medical Intensive Care Unit (MICU) Teams to offer early palliative care intervention to patients in the ICU that are at high risk for dying during their hospitalization. I am often assigned to the ICU and work closely with Dr. Gill. We work collaboratively during family meetings for patients who are seriously ill to help families in medical decision making. Dr. Gill is one of the attending physicians that is an amazing advocate for patients and families. He is able to see the value of specialty palliative care and interprofessional team work and welcomes the involvement of the Palliative Care Team. I have discussed this letter of support with my colleagues, who welcomed their names on this nomination: Charles Whang, MD, Robin Larson, MD and Anne Malin, MSW. They all wholeheartedly agree with Dr. Gill’s collaborative spirit, patient advocacy and teaching skills.

We know that the risk of post-traumatic stress disorder (PTSD) for surrogate decision makers is high after an ICU death. Dr. Gill knows how important it is to find ways to mitigate the risk of PTSD and prolonged grief. Providing regular family meeting that include realistic and compassionately given information, identifying resources for family members, and providing an opportunity to ask questions to reduce guilt are part of his everyday practice. Moreover, Dr. Gill makes space during these meetings for family members to express their emotions and he tends to these emotions beautifully. His goal is to ensure that the patient is getting goal-aligned care but, also it is important to him to leave the family intact and coping well. It is such a pleasure to work with Dr. Gill during these family meetings and watch his skill in communication. He is able to make every team member feel valued as well by making time to pre-brief and debrief prior to the meeting. Lastly, he really cares about any feedback that I or other members of the team might have about his communication with the family.

Dr. Gill is also a wonderful teacher. He creates a safe learning atmosphere and his use of humor puts everyone at ease. As the Associate Program Director for the Hospice and Palliative Medicine Interpersonal Fellowship, I feel confident in Dr. Gill’s role as a preceptor and teacher for our APP fellows. I see him on rounds while he teaches all interprofessional team members, including residents, fellows, medical students, and nurses. Not only is he great with learners of all levels, but, I have also learned so much about critical illness, just by being present on rounds with his team. Additionally, I have observed him teaching family members, in lay language, about their loved one’s illness. This is so important so that family members can absorb the information easily to help them in the decision making process.

Often, I hear from family members about their experience in the ICU and it is not surprising that Dr. Gill is thought of highly.

Lastly, I have to say that I have worked with many teams and physicians at DH over the last 20 years and Dr. Gill is at the top of my list of outstanding physicians. He is a compassionate physician and I am honored to be his colleague. I find him approachable, caring, collaborative, and a consummate teacher. He is well deserving of this award!

Vijay Thadani, MD

Professor

Department of Neurology

- extremely generous with his time with patients and always volunteers to cover for colleagues
- volunteer at Good Neighbor Clinic
- provides care to many developmentally challenged patients
- appreciates cultural diversity, is polite and respectful, and intellectually curious

Kathleen Broglio, DNP

Associate Professor of

Department of Medicine

I am proud to nominate Kathleen Broglio, DNP, an Associate Professor of Medicine, and member of the faculty in Palliative Medicine for the Leonard Tow Humanism Award.

Reading through the criteria for the award, I am struck by how I could write paragraphs in response to each bullet but will try to be concise while giving you a flavor of her contributions to our community. Kathleen serves as an outpatient palliative care provider specializing in treatment of patients with serious illnesses who have complex symptom management. In particular she is a fierce advocate for the subset of patients who have serious illness and concomitant substance use disorders, mental illness, or are simply struggling to manage chronic disabilities or illnesses without financial resources or strong personal networks. She sees the suffering of these vulnerable populations who are often stigmatized by our society and advocates for their right to high quality health care and compassion. She applies her expertise and knowledge of the evidence to co-manage serious illness and substance use disorder, investing her time in building trusting relationships and establishing boundaries and rules that can help everyone feel safe and cared for. She helps patients identify resources and tools to live as well as they can with serious illness. She is fiercely committed to treating all people she encounters with dignity and respect for their humanity, curiosity about their own particular story, sensitivity to the layers of suffering below the surface and devotion to the effort to help everyone live as well as they can. She is keenly aware of societal disparities and works hard to level the playing field, and to ensure that patients who may have been marginalized by our system get a fair and compassionate assessment, and the best care possible.

In her work with learners and in teaching she does with our interdisciplinary team, she models this commitment. She advocates for the use of non-stigmatizing language, reminding the team that substance use disorder is not a moral failing, and shares stories of patients and families in ways that demonstrate their humanity and her compassion for them. In this way she helps our team adhere to respectful and compassionate practices and instills in our learners a strong sense of social justice.

Kathleen knows her patients and their families and care partners well, and truly models the palliative care concept of caring for the patient-family unit. In some cases she has cared for both partners with sequential or even simultaneous serious illnesses. She is available to families, recognizing that they bear an often invisible burden, and taking time to include their issues in visits. In interdisciplinary team meetings she shares stories about patients and their families in order to help the rest of the team see critical aspects of relationships and experiences, and to know the human beings involved. Particularly impressive is Kathleen's humility and vulnerability in her professional relationships. By acknowledging her own humanity she forges strong bonds that are built on mutual positive regard, and offers her patients and their care partners that opportunity to know her. For her vulnerable populations, this can be hugely engendering of trust. I have seen her laugh and cry with her patients and families, and would readily send my own friends or family for her compassionate care.

Kathleen is also committed to teaching and role modeling in order to spread her expertise and to expand the pool of clinicians prepared to take care of complex patients who may be marginalized. She has mentored several medical students, fellows, and junior faculty colleagues on projects related to the intersection of palliative care and substance use disorder, helping them prepare presentations and manuscripts. For our section, she created and facilitates a weekly interdisciplinary case conference on difficult symptom management challenges. Regionally, she is leading, for the second year, a highly subscribed 10 month ECHO® (Extension for Community Healthcare Outcomes) in Palliative Care, mentoring a group of junior faculty in developing structured lectures and case discussions on a range of topics. She is sought after as a national speaker on the care of patients who have concomitant serious illness and substance use disorder.

A self-described New Yorker, Kathleen often laughs at her own tendency to speak quickly and exuberantly, and yet, she is also able to modulate exuberance when necessary in order to create space for others to speak. She adores seeing patients whose communication style matches hers; they will take turns laughing at themselves for escalating speed and decibel level and comparing notes on how they fit in the stoic, taciturn New England culture. By showing her own personality and humility, she establishes trust and mutual vulnerability that greatly benefit the creation of longitudinal relationships in which patients can actively participate in co-designing the care plans that work best for them. Kathleen is very receptive to and curious about the different styles and perspectives of others and invites the participation of multiple voices in the coproduction of care for her patients. In team meetings, she similarly displays vulnerability in sharing stories about communication challenges, and harvesting the wisdom of our team. She is sensitive to the experiences of other team members, and goes out of her way to connect with interprofessional team members both at work and outside of work, modeling strategies for self-care.

Kathleen Broglio truly embodies the idea of humanism in medicine. I truly can think of no other faculty member who is more committed to bringing compassionate care to all of those we serve, and to modeling this commitment for our community.

Clay Block, MD

Associate Professor

Department of Medicine

- In depth knowledge of disease processes
- Very professional, kind and empathetic.
- Excellent teacher not just for the patients, but for Fellows, residents and medical students. Very supportive of their educational needs and also their call hours.
- Encourages to present and publish in national and international forums.
- Approachable and always available for any questions.
- He has connected me to experts in other universities to discuss subjects which were very complex.